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*A Xaverian Brothers Sponsored School*



## **Our Lady of Good Counsel High School Concussion Protocol**

### **I. INTRODUCTION**

Our Lady of Good Counsel High School Sports Medicine Department has developed a consistent approach for the recognition and management of concussion in student athletes. The OLGCHS Sports Medicine Staff consists of the three full-time athletic trainers and the team physician(s). The practices followed are based on current research and recommendations by the National Athletic Trainer's Association, the NCAA, the Zurich International Conference on Concussion in Sport, and the Maryland State Department of Education.

It is the responsibility of all athletes, coaches, and parents/guardians to report suspected concussions to the sports medicine staff. All members of the sports medicine staff will act within their scope of practice. When managing a concussion, the sports medicine staff will determine progression of return to learn and return to play based on a patient's symptoms at rest and with exertion, with the final decision made by the team physician. The concussion management process will be documented by the athletic trainers in the patient's medical file.

A concussion committee has been created to support students through recovery and return to learn. The committee consists of the athletic trainers, a counseling department liaison, the school nurse, and two faculty liaisons with one from the PE department. The committee holds frequent meetings to discuss current concussed students and their individual recovery and academic progress.

### **II. BASELINE ASSESSMENTS AND EDUCATION**

Preseason neurocognitive testing will be done via a web based computer program (ImPACT). This will be performed at OLGCHS with an athletic trainer or other trained administrator. Every new student in the sports of football, soccer, volleyball, cheerleading, POMS, field hockey, basketball, wrestling, ice hockey, dive, lacrosse, baseball, softball, and rugby must take a baseline ImPACT test. In addition, any student who sustained a concussion since their last baseline must take a new baseline test. Athletes sustaining a recent concussion must have fully recovered, and be symptom free, prior to taking the new baseline ImPACT test.

In accordance with the MSDE best practice guidelines, student-athletes and parents/guardians will receive information regarding concussions based on guidelines from the CDC. Before athletic participation, all student-athletes and their parents/guardians will be required to verify via writing that they have received and reviewed the information.

### **III. DIAGNOSIS**

#### **Definition:**

A concussion is a mild traumatic brain injury (MTBI) involving a complex pathophysiologic process affecting the brain. Concussions are induced by traumatic biomechanical forces secondary to direct or indirect forces to the head or body and can occur with any activity. Loss of consciousness may or may not be involved.

#### **Symptoms:**

Symptoms of a concussion include but are not limited to: headache, dizziness, nausea, blurred vision, balance problems, sensitivity to light/noise, fatigue, drowsiness, irritability and feeling slowed down and/or foggy. Duration of symptoms may last anywhere from several minutes to days, weeks, months or longer. It is recommended to evaluate and treat concussions based upon the patient's symptoms.

#### **Second Impact Syndrome:**

Second Impact Syndrome (SIS) occurs when an individual who has already sustained a head injury, sustains a second head injury prior to complete resolution of symptoms. This often occurs because a person has returned to participation too soon. Most people do not realize that it may take days or weeks for concussion symptoms to resolve. Second Impact Syndrome most likely affects young athletes (middle school/high school); however, any athlete who returns to play too soon is a possible candidate. Second Impact Syndrome is a condition that is rare and can be fatal, but more commonly SIS leads to a protracted recovery, highlighting the importance of appropriate treatment/management of concussion injury.

#### **Removal from Participation:**

An athlete that is thought to have sustained a concussion will be removed from practice or competition and evaluated by the OLGCHS Sports Medicine Staff. A student-athlete reporting concussion symptoms to the school nurse will be evaluated by an athletic trainer at an appropriate time. A written concussion assessment tool that is consistent with current practice standards will be used for initial concussion testing for athletes. All athletes who are suspected to have sustained a concussion/brain injury will be evaluated by the Good Counsel Team Physician. This may occur either at the time of injury or later during Good Counsel's Physician Clinic day. A student-athlete diagnosed with a concussion will not return to activity until medically cleared by the Sports Medicine Staff.

Should student-athletes and their parents/guardians choose to seek treatment by their own physician, they will need to present documentation that the student is cleared to resume academics and return to play. The final return to play decision will still be made by the OLGCHS Team Physician.

#### **IV. EMERGENCY ACTION**

The following are indications for urgent hospital referral:

- Glasgow Coma Scale below 13
- Prolonged loss of consciousness (> 1 minute)
- Suspected intracranial trauma or skull fracture
- Suspected spinal injury
- Repetitive vomiting
- A persistent deterioration of mental status
- Slurred speech
- Patients determined to be high risk
- Patients experiencing subsequent concussive episodes in the same day

#### **V. CONCUSSION MANAGEMENT PROGRAM**

If a concussion is diagnosed, parents/guardians will be notified by the athletic trainers via phone communication and in person when available. School personnel on the concussion management committee will be notified via email. The student-athlete's teachers and guidance counselor will also be notified. The concussion management committee's counseling department liaison will follow up with the individual teachers and the student, and may also communicate with the parent/guardian as needed for academic assistance.

The student will follow up with the athletic trainers daily for tracking of symptoms. It is the responsibility of the student to contact teachers and counselors regarding class assignments and for help as needed.

Academic accommodations will be based upon the individual students needs and are determined by the following:

- Current implemented accommodations in a student plan
- Prescribed accommodations from Neuropsychologist / Neurologist
- Prescribed accommodations from the GC Sports Medicine Staff
- Counselor recommendations or other physician recommendations
- Severity of head trauma

At a minimum, all students on concussion protocol are restricted from taking tests/quizzes. These must be made up at a later date.

#### **VI. CASES OF PROLONGED RECOVERY**

If after a 2-3 week period, there is medically little or no improvement, OLGCHS may require your student to be further evaluated by a concussion specialist.

If your student's recovery extends beyond a period of time greater than 15 calendar days and he/she is unable to attend/participate in normal academic activities at school, OLGCHS may require you utilize private tutoring to maintain academics while your student recovers at home.

## **VII. RETURN TO ACADEMICS AND RETURN TO ATHLETICS**

The athletic trainer will administer a post-concussion ImPACT test when they have determined the student is capable, usually when asymptomatic for 24 hours. The ImPACT test results will be reviewed by the team physician and/or by Dr. Gerard Gioia, and is one of several tools used to determine return to learn/return to play. Clearance is determined by the Sports Medicine Staff. Upon academic clearance the concussion committee and parents/guardians and teachers of the student will be notified. The student is responsible for coordinating with their teachers and counselor a reasonable timeline for missing work.

When a student-athlete is asymptomatic for a minimum of 24 hours, they may begin the 6-step graduated return to play (RTP) protocol under supervision of the athletic trainers. They must be able to complete each step without reoccurrence of symptoms before moving on to the next step. If the athlete has a recurrence or worsening of concussive symptoms during any of the six RTP steps, the athlete will rest for 24 hours and repeat the failed step of the RTP protocol when fully asymptomatic. Final medical clearance will be determined by the Sports Medicine Staff.

### **Multiple Concussions within the Same Season or Consecutive Seasons:**

Multiple concussions in close proximity, in young athletes, are concerning. Because of this, OLGCHS student-athletes who sustain two concussions during the same sports season or within a two month period during consecutive seasons will be required to meet, accompanied by a parent or guardian, with the OLGCHS Sports Medicine Staff to fully discuss the risks, answer all questions, and ultimately determine if continued participation should be allowed for the remainder of that season.

### **Multiple Concussions in an Athletic Career:**

Although there is a lack of research delineating a 'maximum' number of lifetime concussions that one can safely incur, the research is clear that concussions in young athletes should be treated more cautiously than their adult counterparts. Because of this, any student-athlete that has been diagnosed with multiple concussions will be required to meet, accompanied by a parent or guardian, with the OLGCHS Sports Medicine Staff to discuss the risks of continued play, answer questions, and determine if continued play during the athlete's GCHS career is warranted. The Good Counsel Team Physician will make the final decision regarding the student athlete's level of participation in athletics for the remainder of their time at GCHS.